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on: August 11, 2004.

Genomics Institute of the Novartis Research Foundation

By: Jill R. Clarke
Jill R. Clarke

PATENT
Customer No.: 29490
Attorney Docket No.: P1097US10



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael P. Cooke, et al.

Application No.: 10/764,330

Filed: January 23, 2004

For: Methods and Compositions for
Modulating T Lymphocytes

Confirmation No.: 5772

Examiner: Not yet assigned

Art Unit: 1645

**COMMUNICATION UNDER
37 C.F.R. §§ 1.821-1.825 AND
PRELIMINARY AMENDMENT**

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Sir:

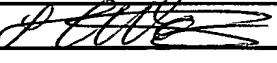
In response to a Notice to File Missing Parts of Nonprovisional Application, mailed May 11, 2004, for the above-identified patent application, Applicants submit herewith the required paper copy and computer readable copy of the Sequence Listing. Please amend the specification in adherence with 37 CFR §§ 1.821-1.825 as follows:

Amendments to the Specification begin on page 2 of this paper.

Remarks begin on page 3 of this paper.

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number 10/764,330 Filing Date 01/23/2004 First Named Inventor Michael P. Cooke Art Unit 1645 Examiner Name
<small>AUG 16 2004</small> <small>U.S. PATENT & TRADEMARK OFFICE</small>		Total Number of Pages in This Submission Attorney Docket Number P1097US10

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> <ul style="list-style-type: none"> 1. Form PTO/SB/17 Fee Transmittal Form with authorization to charge Deposit Account No. 50-1885 in the amount of \$1,222 for filing (\$770), surcharge (\$130), claims (\$212), and extension fees (\$110) (1 pg. + 1 pg. copy); 2. Form PTO/SB/01A Declaration Using and ADS (2 pgs.) with copy of initial ADS (4 pgs.); 3. Photocopy of executed Assignment from the inventors to IRM LLC (7 pgs.) 4. Photocopy of General Power of Attorney from Assignee IRM LLC to Timothy L. Smith (1 pg.); 5. Executed Form PTO/SB/96 Statement Under 37 CFR 3.73(b) (1 pg.); 6. Communication Under 37 CFR §§ 1.821-1.825 and Preliminary Amendment (3 pgs.), one paper copy (11 pgs.) and one computer readable copy (diskette) of the Sequence Listing; 7. Copy of Notice to File Missing Parts (2 pgs.); and 8. One Return Mailroom Postcard Receipt.
<input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Remarks </div> <div style="width: 45%;"> The Director is authorized to charge any additional fees to Deposit Account No. 50-1885. </div> </div> <p>EXTENSION OF TIME Applicants respectfully request one month extension of time to respond to the Notice to File Missing Parts mailed on May 11, 2004.</p>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Hugh Wang, Reg. No. 47,163	
Signature		
Date	August 11, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Jill R. Clarke		
Signature			Date
August 11, 2004			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED F0 RMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1222)

Complete if Known	
Application Number	10/764,330
Filing Date	01/23/2004
First Named Inventor	Michael P. Cooke
Examiner Name	
Art Unit	1645
Attorney Docket No.	P1097US10

OCT 16 2004
PATENT & TRADEMARK OFFICE

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
Order
 Deposit Account:

Deposit Account Number 50-1885

Deposit Account Name Genomics Institute of the Novartis Research Foundation

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)			770

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	27	-20 **	= 7	X 18 = 126
Independent Claims	4	-3 **	= 1	X 86 = 86
Multiple Dependent				X = 0

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	Fee (\$)	
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
SUBTOTAL (2)		(\$ 982)	

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 240)

SUBMITTED BY

Complete (if applicable)					
Name (Print/Type)	Hugh Wang	Registration No. (Attorney/Agent)	47,163	Telephone	858-812-1539
Signature					
Date	8-11-04				

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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